

Assessment of M.S. in Nursing

The Master of Science in Nursing (MSN) curriculum reflects expected student learning outcomes that are consistent with the overall program outcomes.

Student Learning Outcomes - Graduates of the MSN program are expected to be able to:

1. Promote evidence-based practice through problem identification and the critique of research findings.
2. Collaborate in policy development, resource management, and cost-effective care delivery.
3. Apply legal/ethical principles to promote a values-based professional practice.
4. Affect health care outcomes through advanced roles of clinician, teacher, manager, researcher, and consultant.
5. Utilize theories from nursing and other disciplines for decision making.
6. Advocate for access to quality health care for diverse populations.
7. Collaborate with other disciplines to design, deliver, and evaluate health care services for diverse populations.
8. Provide leadership in education in a variety of clinical and academic settings.

In addition, course objectives are included in each course syllabus and are designed to prepare future nurse educators to develop advanced knowledge and higher level leadership skills for improving health outcomes.

The indicators of the attainment of the MSN Program Outcomes are as follows:

- Attainment of required course outcomes,
- Adherence to UA Graduate School Academic,
- Progression Policy Grade Point Average (GPA); requirement to Receive a Master's Degree students must obtain a minimum 2.85 cumulative grade point average on all graded graduate course work taken in residence to receive a master's degree from the University of Arkansas,
- Successful completion and defense of a thesis or scholarly project.

Student evaluation scores for NURS 5903 Spring 2023 included the following responses on 0 to 5 rating response scale. Mean scores were: The course 4.83; instructor 5.00; teaching and learning practices 5.00; these courses encourage me to think critically 5.00.

The Eleanor Mann School of Nursing Program Evaluation Plan is attached.

**Eleanor Mann School of Nursing
Program Evaluation Plan – Updated 5/12/2023**

Standard 1 Program Quality: Mission & Governance

Key Element	Sources of Data	Responsible Party	Frequency of Review	Expected Outcomes	Date of Review: 05/12/2023 Met/ Not Met
I-A. The mission, goals, and expected program outcomes are: ▪ congruent with those of the parent institution; and ▪ reviewed periodically and revised as appropriate.	<ul style="list-style-type: none"> • U of A Mission • COEHP Mission • EMSON Mission & Philosophy • EMSON and Global Campus Websites • Full faculty minutes 	<ul style="list-style-type: none"> • Standing committees • Director • Assistant director • UG/GR program coordinators • PEC 	Annually	EMSON mission, goals and expected student outcomes are accessible to students. They are congruent and consistent with parent institutions and professional nursing standards and guidelines.	Met
I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.	<ul style="list-style-type: none"> • Minutes (AAC, Full Faculty) • AACN Essentials of Baccalaureate Education (2008) • AACN Essentials of Master’s Education in Nursing (2011) • AACN Essentials of Doctoral Education for Advanced Nursing Practice (2006), • Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016) 	<ul style="list-style-type: none"> • Academic Affairs Committee • PEC • UG/GR program coordinators 	Annually	Systematic reviews are conducted. They include input from community of interest to foster program improvement.	Met
I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest. congruent with institutional expectations.	<ul style="list-style-type: none"> • Committee/full faculty minutes • Students: course evaluations, end-of program evaluations; advising sessions • Alumni surveys • UA Promotion & Tenure policies 1405.11 	<ul style="list-style-type: none"> • Director • Assistant director • UG/GR program coordinators 	Annually	Expected faculty outcomes are clearly identified, written (documented in UA policy and EMSON Personnel Document) & shared with faculty by the director. Director send annual memo in May. They are congruent with those of parent institution.	Met
I-E. Faculty and students participate	<ul style="list-style-type: none"> • Committee Minutes • Faculty Handbook 	<ul style="list-style-type: none"> • EMSON standing Committees 	Ongoing	Roles of faculty and students in governance of program are	Met

in program governance.	<ul style="list-style-type: none"> • Student representatives attend program level meetings 			clearly defined and promote participation.	
I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are: <ul style="list-style-type: none"> ▪ fair and equitable; ▪ published and accessible; and ▪ reviewed and revised as necessary to foster program improvement. 	<ul style="list-style-type: none"> • COEHP Personnel Document • EMSON Personnel Document • UG/GR Catalogs • University, college and school’s Web pages • Faculty/Student/ Staff Handbooks • Committee Minutes • (Faculty, AAC, FAC, SAC) • Course syllabi 	<ul style="list-style-type: none"> • EMSON standing committee chairs • UG/GR Program Coordinators • Director • Assistant director 	Ongoing	Nursing faculty are involved in development, review, and revision of academic program policies. Differences in EMSON and COEHP/UA are identified and are in support of achievement of the program’s mission, goals and expected student outcomes. A process is in place by which policy review occurs annually and revisions are made as needed.	Met
I-G. The program defines and reviews formal complaints according to established policies.	<ul style="list-style-type: none"> • Student Handbooks • Record of formal complaints SAC minutes) 	<ul style="list-style-type: none"> • UG/GR program coordinators • Director • Assistant director 	Ongoing	A formal complaint is defined in UA policy and a record compiled of those complaints.	Met
I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.	<ul style="list-style-type: none"> • UG/GR Catalogs • EMSON WebSite • EMSON Admission materials • Student Handbooks • Recruitment materials 	<ul style="list-style-type: none"> • EMSON Standing Committee Chairs • GR/UG Program Coordinators • Director • Assistant director 	Ongoing Review and Revision of the Website	References to the program’s offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, transfer of credit policies, grading policies, degree completion requirements, tuition, and fees are accurate. Accreditation status is publicly disclosed.	Met

Standard 2 Program Quality: Institutional Commitment & Resources

Key Element	Sources of Data	Responsible Party	Frequency of Review	Expected Outcomes	Date of Review: 05/12/2023 Met/ Not Met
II-A. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.	<ul style="list-style-type: none"> • EMSON Budget • Budget Priorities for fiscal year (Minutes) • Simulation Lab Inventory 	<ul style="list-style-type: none"> • UG/GR Program Coordinator s • Faculty • *Director 	ongoing	The budget enables achievement of program’s mission, goals and expected faculty/student outcomes. The budget also support the development, implementation, and evaluation of program.	Met

	<ul style="list-style-type: none"> • Foundation Budgets • Tele-fee priorities • AACN Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing 			Nursing compensation supports recruitment & retention of qualified faculty. Physical space is sufficient and enables EMSON to meet mission, goals, and expected student/faculty outcomes. A process is in place for regular review of EMSON's fiscal and physical resources and improvements are made as appropriate	
II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.	<ul style="list-style-type: none"> • EBI/Skyfactor exit surveys; alumni surveys • Student end-of course surveys • End-of-program surveys • Readiness to practice survey • Faculty satisfaction survey 	<ul style="list-style-type: none"> • FAC • EMSON Standing Committee Chairs • *Director • College 	Reviewed at least annually	FAC surveys faculty regarding resources and reports results to Director and faculty.	Partially met. Skyfactor survey not implemented
II-C. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.	<ul style="list-style-type: none"> • Faculty surveys of resources • Student survey of resources (EBI) • Academic advisors 	<ul style="list-style-type: none"> • *Director • EMSON standing committee chairs • UG/GR program coordinators 	ongoing	Academic support services (library, IT, Global Campus, admission & advising services) are regularly reviewed and found to be adequate for students and faculty to meet program requirements and achieve mission, goals, and expected student/faculty outcomes. Improvements are made as appropriate.	Met
II-D. The chief nurse administrator of the nursing unit: <ul style="list-style-type: none"> ▪ is a registered nurse (RN); ▪ holds a graduate degree in nursing; ▪ holds a doctoral degree if the nursing unit offers a graduate program in nursing; ▪ is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and ▪ provides effective leadership to the nursing unit in achieving its 	<ul style="list-style-type: none"> • Vitae • Director's job description 	<ul style="list-style-type: none"> • COEHP Dean • *Program Evaluation Committee 	ongoing	The Director has budgetary, decision making, and evaluation authority comparable to that of chief administrators of similar units at UA. She consults, as appropriate with faculty and other communities of interest, to make decision to accomplish the mission, goals, and expected student/faculty outcomes. The Director is perceived by the communities of interest to be an effective leader of the nursing unit.	Met

mission, goals, and expected program outcomes.					
<p>II-E. Faculty are:</p> <ul style="list-style-type: none"> ▪ sufficient in number to accomplish the mission, goals, and expected program outcomes; ▪ academically prepared for the areas in which they teach; and ▪ experientially prepared for the areas in which they teach. 	<ul style="list-style-type: none"> • Faculty Vitae • Faculty list consisting of academic rank, educational degrees, licensure, certifications, and experiences. • Faculty Workload guidelines • List of course/clinical sections • Status of faculty searches • EMSON faculty/course evaluations • Hiring requests 	<ul style="list-style-type: none"> • Director • UG/GR Program Coordinator s • EMSON Faculty Standing Committee • *Program Evaluation Committee 	ongoing	<p>The FTE of faculty formula for calculating FTE is clearly delineated; the mix of FT and PT faculty is appropriate to achieve mission, goals, and expected student/faculty outcomes. Faculty-student clinical ratios (1:8 BSN, 1:6 DNP) meet Board of Nursing’s and accrediting body’s professional practice standards. Faculty are academically prepared for the areas in which they teach. Rationale is provided and approval is obtained for the use of faculty who do not have a graduate degree. Faculty hold RN licensure. Clinical faculty are experienced in the clinical area of the course and maintain clinical expertise. Faculty supervising the DNP program hold appropriate licensure and certification.</p>	Met
<p>II-F. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.</p>	<ul style="list-style-type: none"> • Preceptor list with credentials • Preceptor contracts & orientation • Preceptor vitae • Student evaluations of preceptor(s) • Clinical coordinator evaluation of preceptor 	<ul style="list-style-type: none"> • *UG/GR Program Coordinator s • Course faculty 	ongoing	<p>The roles of preceptors or mentors with respect to teaching, supervision, and student evaluation are clearly defined; congruent with mission, goals, expected student outcomes; and congruent with relevant professional nursing standards &/or guidelines. Preceptors and/or mentors have the expertise to support student achievement of expected learning outcomes. Preceptor/mentor performance expectations are clearly communicated to preceptors.</p>	Met
<p>II-G. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the</p>	<p>COEHP Annual Report</p> <ul style="list-style-type: none"> • Development offerings (FAC & TFSC sponsored) • Faculty Vitae 	<ul style="list-style-type: none"> • Director • EMSON Standing Faculty Committees 	Ongoing	<p>Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (teaching, research, practice, service) and in support of the</p>	Met

mission, goals, and expected faculty outcomes.	<ul style="list-style-type: none"> • Annual faculty evaluations • Faculty workloads 	<ul style="list-style-type: none"> • UG/GR program coordinators • *Program Evaluation Committee 		mission, goals, and expected student outcomes.	
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Standard 3 Program Quality: Curriculum and Teaching-Learning Practices

Key Element	Sources of Data	Responsible Party	Frequency of Review	Expected Outcomes	Date of Review: 05/12/2023 Met/ Not Met
III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that: <ul style="list-style-type: none"> ▪ are congruent with the program’s mission and goals; ▪ are congruent with the roles for which the program is preparing its graduates; and ▪ consider the needs of the program– identified community of interest. 	<ul style="list-style-type: none"> • AAC minutes • UG/GR program minutes • Curriculum plan • Program outcomes • EMSON course & clinical evaluations • EMSON faculty evaluations of clinical sites • NEC Committee Minutes 	<ul style="list-style-type: none"> • Academic Affairs Committee Chair • Assistant director • *UG/GR program coordinators 	Every 4 years	Curricular objectives (course, unit, level, competencies) provide clear statement of expected individual student learning outcomes which contribute to the achievement of the mission, goals, and expected aggregate student outcomes.	Met <i>Note: Curriculum transformation initiated in Spring 2023 to meet the national recommendations, e.g., competency-based education.</i>
III-B. Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008).	<ul style="list-style-type: none"> • AR State Board of Nursing regulations • AACN standards: • The Essentials of Baccalaureate Education for Professional Nursing Practice (2008) 	<ul style="list-style-type: none"> • Academic Affairs Committee Chair • Assistant director • *UG/GR Coordinator s 	Every 4 years	Each degree program incorporates professional nursing standards and guidelines relevant to that program, area, role, population focus, or specialty. The program clearly demonstrates where and how content, knowledge, and skilled required by identified sets of standards are incorporated into the curriculum.	Met <i>See above curriculum change notes.</i>
III -C. Master’s curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, expected student outcomes (individual and aggregate).	<ul style="list-style-type: none"> • AACN standards: • The Essentials of Master's Education in Nursing (2011) 		Every 4 years		Met <i>See above curriculum change notes.</i>
III-D. DNP curricula are developed, implemented,	<ul style="list-style-type: none"> • AACN standards: 		Every 4 years		Met

and revised to reflect relevant professional nursing standards and guidelines, Practitioner Programs (NTF, 2016).	<ul style="list-style-type: none"> • The Essentials of Doctoral Education for Advanced Nursing Practice (2006) • Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016) 				<i>Note: Major curriculum revision is underway to meet the national recommendations and trends in advanced practice nursing, e.g., competency-based education, job market, etc.</i>
<p>III-F. The curriculum is logically structured to achieve expected student outcomes.</p> <ul style="list-style-type: none"> ▪ Baccalaureate curricula build on a foundation of the arts, sciences, and humanities. ▪ Master's curricula build on a foundation comparable to baccalaureate level nursing knowledge. ▪ DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student. ▪ Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base. 	<ul style="list-style-type: none"> • Student surveys • Curriculum map 	<ul style="list-style-type: none"> • Assistant Director • *UG/GR Program Coordinators • Academic Affairs Committee Chair 	In conjunction with review of courses	BSN faculty and students can articulate how knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. RN to BSN program demonstrates how these nurses acquire BSN competencies and essentials. MSN and DNP programs incorporate generalist knowledge from BSN and delineate how students acquire doctoral-level competencies of Essentials.	Met
<p>III-G. Teaching learning practices:</p> <ul style="list-style-type: none"> ▪ support the achievement of expected student outcomes; ▪ consider the needs and expectations of the identified community of interest; and ▪ expose students to individuals with diverse life experiences, perspectives, and backgrounds. 	<ul style="list-style-type: none"> • EMSON course syllabi • End of Course/Faculty Evaluations • End of Course reports • UG/GR Dept. minutes • Alumni/Exit surveys • Clinical evaluations • NEC Committee Minutes 	<ul style="list-style-type: none"> • Assistant director • *UG/GR Program Coordinators • Academic Affairs Committee Chair 	ongoing	Teaching-learning practices and environment (classroom, clinical, lab, simulation, distance education) support the achievement of individual student learning outcomes identified in course, unit, and/or level objectives. The curriculum and teaching-learning practices are appropriate to the student population and consider the needs of the program- identified community of interest.	Met
III-H. The curriculum includes planned clinical practice experiences that:	<ul style="list-style-type: none"> • Clinical Course Syllabi • Faculty meeting minutes 	<ul style="list-style-type: none"> • Assistant director 	Ongoing	Students in each degree program have the opportunity to develop	Met

<ul style="list-style-type: none"> ▪ enable students to integrate new knowledge and demonstrate attainment of program outcomes; ▪ foster inter professional collaborative practice; and ▪ are evaluated by faculty. 	<ul style="list-style-type: none"> • AAC minutes • PT Clinical faculty evaluations • UG/GR Dept. Minutes • Clinical Affiliation Agreements • Clinical evaluation tool • Simulation scenarios 	<ul style="list-style-type: none"> • *UG/GR Program Coordinators • Academic Affairs Committee Chair 		<p>professional competencies in practice settings aligned to the educational preparation. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practices are designed to ensure students are competent to enter nursing practice at the level indicated by the degree. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes.</p>	
<p>III-I. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.</p>	<ul style="list-style-type: none"> • Student Handbooks • EMSON Clinical Evaluation tools • Course syllabi 	<ul style="list-style-type: none"> • *UG/GR Program Coordinators • Academic Affairs Committee Chair • Course faculty 	Ongoing	<p>Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. A process is in place for communicating the evaluation of individual student performance to students.</p>	Met
<p>III-J. The curriculum and teaching learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.</p>	<ul style="list-style-type: none"> • Alumni/Exit surveys • Student evaluations of courses • UG/GR Dept. minutes • Faculty evaluations 	<ul style="list-style-type: none"> • Academic Affairs Committee Chair • *UG/GR Program Coordinators 	Every Semester	<p>Faculty use data from student evaluations to inform decisions that facilitate achievement of student outcomes.</p>	?

Standard 4 Program Effectiveness: Assessment and Achievement of Program Outcomes

Key Element	Sources of Data	Responsible Party	Frequency of Review	Expected Outcomes	Date of Review: 05/12/2023 Met/ Not Met
<p>IV-A A systematic process is used to determine program effectiveness.</p>	<ul style="list-style-type: none"> • Program Evaluation Plan The records are maintained on the EMSON server. 	<ul style="list-style-type: none"> • *Program Evaluation Committee • Director 	Ongoing	<p>A process is in place that is written, ongoing, comprehensive, uses quantitative, and qualitative data, has</p>	Met

		<ul style="list-style-type: none"> • Assistant director • UG/GR program coordinators 		timelines for collection, review, and analysis of data, and is periodically reviewed & revised.	
IV-B. Program completion rates demonstrate program effectiveness.	<ul style="list-style-type: none"> • BSN, MSN, and DNP graduation rates • Attrition data 	<ul style="list-style-type: none"> • UG/GR Program Coordinators • Assistant director • *Director 	Yearly May	Each program demonstrates achievement of required program outcomes; completion rates are 70% or higher.	Met
IV-C. Licensure pass rates demonstrate program effectiveness.	<ul style="list-style-type: none"> • NCLEX results 	<ul style="list-style-type: none"> • UG/GR Program Coordinators • Assistant director • *Director 	Ongoing	The NCLEX pass rate is 80% or higher for first-time takers.	Met
IV-D. Certification pass rates demonstrate program effectiveness.	<ul style="list-style-type: none"> • Certification Rates 	<ul style="list-style-type: none"> • UG/GR Program Coordinators • Assistant director • *Director 	Ongoing	Certification pass rates are 80% or higher for first-time takers.	Met
IV-E. Employment rates demonstrate program effectiveness.	<ul style="list-style-type: none"> • Graduate surveys • From COEHP 	<ul style="list-style-type: none"> • UG/GR Program Coordinators • Assistant director • *Director 	After graduation	The employment rate is 70% or higher for each program (BSN, MSN, and DNP).	Met
IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.	<ul style="list-style-type: none"> • Standing committee minutes 	<ul style="list-style-type: none"> • UG/GR Program Coordinators • Assistant director • *Director 	Ongoing	The program uses outcome data for program improvement. Provide examples.	Met
IV-G. Aggregate faculty outcomes demonstrate program effectiveness.	<ul style="list-style-type: none"> • Annual Faculty Evaluation • EMSON Personnel Document • Student evaluations of course 	<ul style="list-style-type: none"> • Personnel committee • *Director • PEC 	Annually - spring	<ul style="list-style-type: none"> • Aggregate student course evaluations (end of course survey) reflect at least a 4.25 on a 5-point scale on the following statements: • Q5: Teaching and learning practices and environments were appropriate for achieving course objectives • Q8: This course encourages me to think critically 	Met

				<ul style="list-style-type: none"> • At least 90% of nursing faculty will engage in a professional development activity related to their teaching assignments. • 90% of faculty with research assignment will publish one peer reviewed work as first author or 2 peer reviewed published works as 2nd or 3rd author. • Ninety percent of research faculty will present at a national or international conference. • 75% of nursing faculty will serve on a college or university committee, chair or cochair a department committee, or demonstrate leadership in a professional organization at the national or international level. 	
IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.	<ul style="list-style-type: none"> • Annual faculty evaluation • Student evaluations of course 	<ul style="list-style-type: none"> • Personnel committee • *Director • Assistant director 	Ongoing		Met
IV-I. Program outcomes demonstrate program effectiveness.	<ul style="list-style-type: none"> • Student Satisfaction Surveys <ul style="list-style-type: none"> ○ End of program surveys • Outcome assessment data • Clinical evaluations 	<ul style="list-style-type: none"> • UG/GR Program Coordinators • Assistant director • *Director 	Ongoing	<ul style="list-style-type: none"> • 100% of students in cohort achieve 75% or higher on NURS 4722 clinical evaluation • 100% of students in cohort achieve 75% or higher in capstone course evaluation (RNBSN) • Each item on the Skyfactor End of Program survey will score at least 5.5 on a 7-point scale. • Online BSN Outcomes Assessment: 100% of artifacts reviewed will achieve at least 3 on a 4 points scale on each criterion • 80% of respondents will select either “strongly agree” or “agree on the 	Met

				DNP end-of-program survey on each item <ul style="list-style-type: none"> • At least 80% of respondents will affirm achievement of all five program outcomes on the DNP end-of-program survey 	
IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.	<ul style="list-style-type: none"> • UG/GR dept. minutes • SAC/AAC minutes • Kaplan results • NCLEX/Certification data • Program completion data • Student outcome assessment data • Student satisfaction survey • Employer surveys 	<ul style="list-style-type: none"> • UG/GR Program Coordinators • Assistant director • Director • Faculty Committees • Faculty 	Ongoing	The program uses outcome data for program improvement (Ex: completion, licensure, certification, employment rates, program outcomes, and formal complaints). Examples provided in formal reports.	Met